

Application for Water Conservation Ordinance Stage III Water Use License

CITY OF MEDICINE					
Company Name:					
Contact Person:			Secondary Contact Person:		
Title: Years with firm:		Years with firm:	Title:		Years with firm:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
Email address:		Email address:			
Physical street address of facility:			Official mailing address, if different (note if same):		
City:	State:	Zip:	City:	State:	Zip:
Please list the name(s).	location(s) and water	account number(s)	if applicable of the facilities that wi	ill be covered	l under this license (use
demonstrate water usag			Jsers shall maintain necessary docur ion upon request.		(gpd): Water Savings tp be
					achieved (gpd):
					Total percentage of reduction (%):
pest of my knowledge may be revoked for fa failure to adequately of herein, for misreprese addition, this license a hare in effect. I also un mplies approval for a	e. I understand that ailure to achieve the document such reduentations made in the applies only during derstand that complate Water Conservation	any license receive water usage reduc- ctions, for failure t is application, or fo such time period as letion of this applic	tion is correct and true to the ed pursuant to this application tions represented herein, for o take the actions described or any other good cause. In a stage III water restrictions eation in no way guarantees or III Water Use License.	City of I Environ 101 City Durham	by mail or fax to: Durham mental Resources Dep Hall Plaza , NC 27701 919) 560-4381 9)-560-4479
	Signature		Date		
proval by:	Office Us		se Only	License	No.
	City Manager or Designee Date				